

City of Milton-Freewater
Community Accountability Board
Board Member Application

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Last Name	First Name	Full Middle

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PERMANENT STREET ADDRESS	CITY	STATE	ZIP CODE

PH: (Home) _____ (Cell) _____ Email: _____

Why do you want to be a volunteer on the Accountability Board?

Please describe any prior volunteer experience.

Employment Status: ____ Full-time ____ Part-time ____ Unemployed ____ Student

If a student, please list school attending and major course of study:

Have you ever been convicted of a crime? ____ Yes ____ No If yes, please explain below:

Do you have any criminal cases/charges pending, or any court fines outstanding? ____ Yes ____ No

Are you or any members of your immediate family or household currently involved with the Umatilla County Probation Department, or State of Oregon Parole Board? ____Yes ____No If yes, please explain:

Please provide any additional information you would like us to have in order to assist us in considering your application:

I understand that by signing this application form below I claim that the information contained herein is true and accurate to the best of my knowledge. I further understand and acknowledge that information found to be untrue or inaccurate will result in my application being removed from the pool of applicants for this volunteer position.

Signature of Applicant: _____ Date: _____

MILTON-FREEWATER COMMUNITY ACCOUNTABILITY BOARD APPLICANT

AUTHORIZATION TO PERFORM BACKGROUND CHECK AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Milton-Freewater with any and all information that you have concerning me, my work record, and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualification and fitness to serve on the city's Accountability Board.

I hereby release you and your organization from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications and fitness to serve in this position.

I also understand that the City Police Department may conduct a criminal background history check through the Oregon State Police Law Enforcement Data System (LEDS) and I hereby give my authorization to do so, and therefore voluntarily have provided either my driver's license number, or my date of birth in order to assist with this process.

I also understand that any information gleaned by the City of Milton-Freewater through their investigation is the sole property of the City's. This information may be shared with the applicant, at the discretion of the City, in compliance with the FCRA (Fair Credit Reporting Act) 15 U.S.C. 1681g., any 3rd party consumer report shall be made available to the applicant.

Applicant's Signature

Applicant's Name (please print)

Driver's License/ID Number / State

Date Signed

For Applicants with no License or ID Number: _____

Date of Birth